

Filing at a Glance

Company: Nationwide Mutual Insurance Company

Product Name: Personal Auto

SERFF Tr Num: NWPP-125217192 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-025513

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Co Tr Num:

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Author: Teresa Neff

Disposition Date: 07-26-2007

Date Submitted: 07-19-2007

Disposition Status: Approved

Effective Date Requested (New): 11-21-2007

Effective Date (New): 11-21-2007

Effective Date Requested (Renewal): 11-21-2007

Effective Date (Renewal):

General Information

Project Name: AR-SA-AIG-M-07-07

Status of Filing in Domicile: Not Filed

Project Number: AR-SA-AIG-M-07-07

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-26-2007

State Status Changed: 07-20-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

V-3398, Automobile Insurance Guarantee

Company and Contact

Filing Contact Information

Teresa Neff,

One Nationwide Plaza

(614) 249-5726 [Phone]

Columbus, OH 43215-2220

() -[FAX]

Filing Company Information

Nationwide Mutual Insurance Company

CoCode: 23787

State of Domicile: Ohio

One Nationwide Plaza 1-19-10

Group Code: 140

Company Type:

Columbus, OH 43215-2220

Group Name:

State ID Number:

(614) 249-4600 ext. [Phone]

FEIN Number: 31-4177100

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 x 1 filing x 1 company = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Insurance Company	\$50.00	07-19-2007	14672577

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	07-26-2007	07-26-2007

Disposition

Disposition Date: 07-26-2007

Effective Date (New): 11-21-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-26-2007 12:20 PM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Automobile Insurance Guarantee	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Automobile Insurance Guarantee	V-3398		Endorsement/Amendment/Conditions		45.67	V3398.pdf



Endorsement 3398

Automobile Insurance Guarantee

Please attach this important addition to your auto policy.

In recognition of **your** loyalty to Nationwide, **we** are pleased to provide the Automobile Insurance Guarantee.

It is agreed that the policy is amended as follows:

GENERAL POLICY CONDITIONS

The following General Policy Condition is added:

AUTOMOBILE INSURANCE GUARANTEE

The company guarantees to continue offering automobile insurance coverage. Renewal will be in accordance with the policy forms, rules and rating plan in use by **us** at each six-month term. The premium for the coverage provided by this policy and attached endorsements is based on information in **our** possession. Any change or correction in this information will allow **us** to make an adjustment of the premium.

To enable **us** to continuously insure **you** at each renewal, **we** may offer different terms and conditions, as well as issue a new policy in another company under the same ownership or management as **our** company.

Any decision regarding the nonrenewal or cancellation of **your** policy will be in accordance with the insurance laws, rules and regulations in the state in which this policy is issued. **Our** right to cancel this Guarantee shall be governed by the reasons and method of mailing set forth under the General Policy Conditions for cancellation of the policy, and cancellation of the policy pursuant to the General Policy Conditions shall cancel this Guarantee.

All other provisions of this policy apply.

The endorsement is issued by the company shown in the Declarations as the issuing company.

Nationwide Mutual Insurance Company and Affiliated Companies
One Nationwide Plaza Columbus, OH 43215-2220
Hearing or Voice Impaired: 1-800-622-2421 (TTY only)
nationwide.com

Nationwide, the Nationwide framemark and Nationwide is on your side are federally registered service marks of Nationwide Mutual Insurance Company.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-26-2007
Comments:	Attached is the transmittal.		
Attachment:	AR-SA-AIG-M-07-07 Trans.pdf		

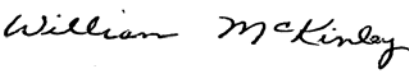
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Nationwide Insurance				Group NAIC #	140
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Nationwide Mutual Insurance Company	OH	23787	31-4177100			

5. Company Tracking Number	AR-SA-AIG-M-07-07
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
William McKinley Nationwide Insurance One Nationwide Plaza Columbus, OH 43215-2220	Compliance Manager	800-882-2822 ext. 77735	614-249-3672	mckinlb@nationwide.com
7. Signature of authorized filer				
8. Please print name of authorized filer		William McKinley		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Private Passenger Auto
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: On or after 11-21-07 Renewal: On or after 11-21-07
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	7-19-07
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR-SA-AIG-M-07-07
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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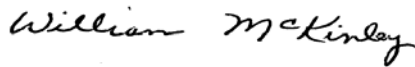
RE: Nationwide Mutual Insurance Company, NAIC No.: 23787
Company Tracking No. AR-SA-M-AIG-07-07
SERFF Tracking No.: NWPP-125217192
V-3398 Automobile Insurance Guarantee

We are submitting new endorsement V-3398 "Automobile Insurance Guarantee" for your review and approval. This endorsement guarantees the policyholder that Nationwide (or any of its companies) will continuously offer a renewal of auto insurance coverage. A policy will qualify for this Guarantee after they have been insured with Nationwide for six years. There is no premium charge associated with this endorsement.

An effective date of on or after November 21, 2007 for new and renewal business is requested.

Your early and favorable consideration is appreciated. If you have any questions, feel free to contact me at 614-677-7735, or by e-mail at mckinlb@nationwide.com.

Sincerely,



William McKinley
Manager, Product Compliance

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: Please see SERFF Filing Fee Tab
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-SA-AIG-M-07-07
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	V-3398	Automobile Insurance Guarantee	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1